

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44602**
Registrar's No. **5850**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5850			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp. Kansas City		c. LENGTH OF STAY (in this place) 90 days		c. CITY OR TOWN Lees Summit		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Curtis Rest Home				e. STREET ADDRESS (If rural, give location) 105 Scheer Road					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) A.		c. (Last) SMITH.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 7, 1878			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Stationery Engineer			11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME George Mallory Smith			13b. MOTHER'S MAIDEN NAME Mary Wright			14. NAME OF HUSBAND OR WIFE Cora Bell Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 486-05-3887		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifton Smith, 105 Scheer Rd., Lees Summit, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident				18 mos	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4200						20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-21, 1956, to 12-4, 1957 , that I last saw the deceased alive on 12-4, 1957 , and that death occurred at 11 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE William F. Bell (Degree or title) M.D.				23b. ADDRESS Lees Summit, Mo.		23c. DATE SIGNED 12-5-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 7, 1957		24c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery		24d. LOCATION (City, town, or county) (State) Blue Springs, Missouri			
DATE REC'D BY LOCAL REG. 12/11/57		REGISTRAR'S SIGNATURE Merna Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George C. Carson, Independence, Mo.					

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
William F. Bell



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. Ray Lunderbach*.....
Licensed Embalmer No. *5027*.....

P. O. Address *Indep., MO*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.